

# BALTIMORE COUNTY



## Selection of Focus Area

Access to care has been an ongoing issue of concern in Baltimore County for many years. Several groups, including the Baltimore County Health Council, contributed information and assisted in the selection of the focus area for the Health Improvement Plan. The selection was unanimously agreed upon by the Local Health Officer and the Local Health Department Bureau Chiefs. In addition to access to care, the Baltimore County Health Department's priorities for FY 2001 are: infant mortality and infants with low birth weight, risk-taking behaviors of teens, outreach to the homeless, and the health and social needs of seniors.

### DEMOGRAPHIC OVERVIEW

#### Estimated Population, by Race – 1998

|             |         |
|-------------|---------|
| Total ..... | 721,880 |
| White ..... | 80.6%   |
| Other ..... | 19.4%   |

#### Estimated Population, by Age – 1998

|               |         |             |         |
|---------------|---------|-------------|---------|
| Under 1 ..... | 8,920   | 18-44 ..... | 286,530 |
| 1-4 .....     | 34,160  | 45-64 ..... | 161,510 |
| 5-17 .....    | 117,450 | 65+ .....   | 113,310 |

All causes Mortality Rate (age-adjusted, per 100,000 population) 1996-1998 ..... 465.6

Infant Mortality Rate 1995-1999 ..... 7.8

Estimated Mean Household Income – 1999 ..... \$67,700

Estimated Median Household Income – 1999 ..... \$51,700

Civilian Unemployment Rate, Annual Average – 1999 ..... 3.7

#### Labor force (Top 4) – 1995

|                    |         |                                      |        |
|--------------------|---------|--------------------------------------|--------|
| Services .....     | 133,900 | Government (Federal, Military) ..... | 52,600 |
| Retail Trade ..... | 82,400  | Manufacturing .....                  | 39,400 |

**Sources:** Maryland Vital Statistics, 1999  
Maryland Department of Planning, 1995, 1998, 1999

## **Increasing Access to Care by Eliminating Barriers in Baltimore County**

### **Definition**

Access to care may be defined as an ability to secure medical services and resources in response to a health care need. Implicit in this statement is that these endeavors must be unencumbered. There must be an ability to pay for services, adequate supply of health care providers who can communicate in a culturally sensitive environment, and the availability of transportation for medical appointments.

### **Problem**

Many factors may act as barriers to accessing health care services, including lack of health insurance, unsuitable transportation, inability to communicate in a common language, and misunderstandings due to cultural differences.

If an individual lacks health insurance, he or she is likely to avoid screening and treatment for preventable illness and will only address the condition when it reaches a critical stage. Many of the patients end up in the emergency room, adding millions of dollars in cost to the hospital system annually. Other poor families must choose between medical attention and providing food and shelter for their families, usually opting for the latter. Baltimore County has a substantial uninsured population.

Lack of transportation to a medical appointment frequently results in a cancellation. If the perceived transport mode is anticipated to complicate other life issues, such as work or school, the appointment probably will be delayed or not rescheduled at all. Baltimore County's transportation system is complex and limited.

The migrant and immigrant population poses a special challenge for county health care providers. First, there are language barriers, for which there are limited resources. Translation services are costly and not widely available. Secondly, many physicians and other health care practitioners are unfamiliar with minority client needs and cultural differences. For example, among some groups, there is a distrust of doctors and the health care system in general, while other cultures may not allow a male doctor to examine a female patient. There is no formal set of guidelines to address these issues. Baltimore County has increasing minority and immigrant populations.

### **Determinants**

#### **Uninsured**

Although the majority of Baltimore County residents have some form of health insurance, there are more than 93,000 people who don't. Many of these are the working poor. While the new federal/state Children's Health Program provides coverage for many of the previously uninsured children, approximately 16,000 children and an additional 70,000 adults still lack coverage.

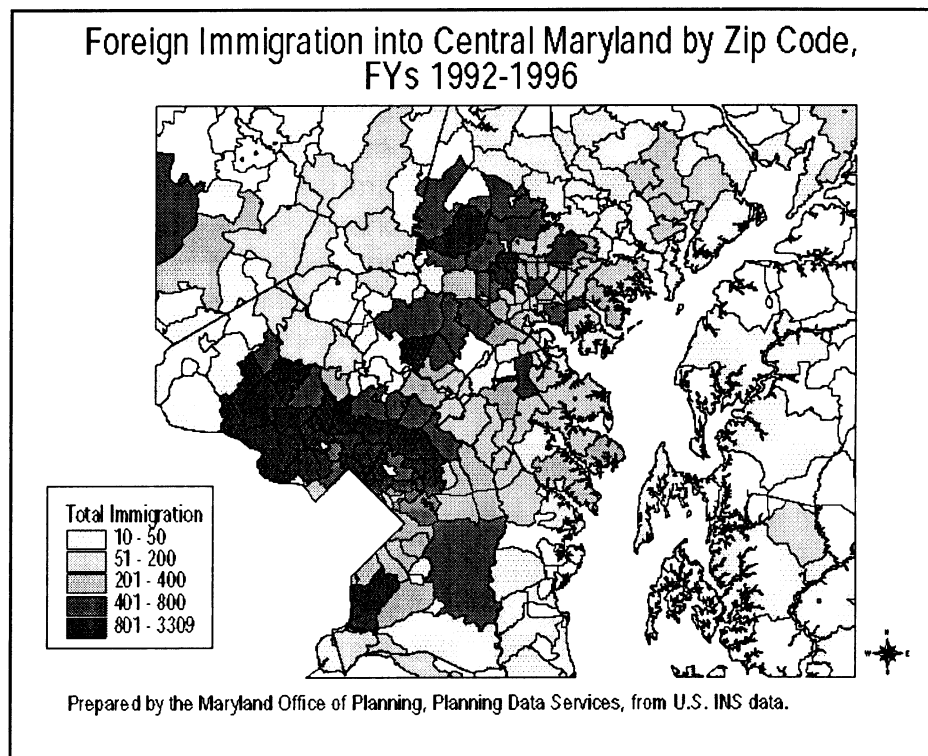
Baltimore County Health Department provides many services to the uninsured and under-insured through sliding-scale fee clinics, nurse visits to homeless shelters, mental health outreach teams for the homeless, partnerships with the Medical and Dental Societies that provide free or reduced-fee services, and enrollment in the Maryland Children's Health Program. In addition, during the past year a collaboration with Kaiser Permanente enrolled 300 individuals in The Partnership, a program that offers a comprehensive medical package to eligible uninsured residents for a small monthly fee. This program filled to capacity immediately and a waiting list grew so large that it had to be closed.

## Transportation

Due to the configuration and size of Baltimore County (over 600 squares miles) transportation remains a major barrier for individuals without access to private vehicles. Most MTA buses in Baltimore County are routed through the city, so that a person on the west side (e.g., Randallstown) of the county must take a bus into the city and transfer one or more times to get to the central section (Towson) of the county. Where it would take about 20 minutes in a car, this process may take up to two hours by public transportation. Such constraints make it impractical for many individuals to keep medical appointments.

## Language/Cultural Differences

In Baltimore County, there has been an influx of foreign-language speaking immigrants in recent years (see map). During the five year period 1992-1996, there were 4,546 immigrants who spoke Russian, Hindi, Chinese, Hausa, or Korean. Altogether there have been 12,583 international migrants since 1990. Many cannot speak English and interpreters are scarce. This situation leads to inaccurate information-sharing, refusal and/or delay of treatment, and occasionally altercations - (One member of an immigrant family was severely beaten for conversing with a public health nurse, since others thought she was revealing information to an immigration official). The deaf population is another population with special needs, as few health care workers use sign language.



The racial make-up of the county changed dramatically through international migration, and also as Baltimore City residents moved to the suburbs over the last two decades. In 1970, the non-white population in Baltimore County was 22,858. In 1998, the minority population had grown to 140,355. Many local physicians are not trained in the special needs of this changing population.

**Objective 1** - By 2010, reduce the number of uninsured children by 50% through enrollment in Maryland Children's Health Program (MCHP) (Baseline = 16,000 uninsured children) and reduce the number of uninsured adults by 5% through enrollment in low-cost health insurance programs (Baseline = 70,000 uninsured adults).

### **Action Steps**

- ⇒ By 2001, establish a liaison in each of the 92 public elementary schools to educate families about MCHP and assist with the enrollment process.
- ⇒ By 2001, develop a comprehensive plan to reach families at health fairs and related school and community events for enrollment in MCHP
- ⇒ By 2001, develop a long-term focused media plan to reach eligible families for enrollment in MCHP.
- ⇒ Starting in 2001, secure additional enrollment slots in The Partnership. (350 average per year).

**Objective 2** - By 2005, develop a method to ensure that County residents have reasonable transportation to and from medical appointments. (Baseline - No plan exists)

### **Action Steps**

- ⇒ By 2002, evaluate all current transportation programs operating in the County, including the Medical Assistance Transportation Program (which provides sedan, wheelchair van, and ambulance service to appointments for Medical Assistance clients), CountyRide (for seniors), MTA (public bus system). Summarize all studies which have addressed transportation barriers in the county.
- ⇒ By 2004, convene a task force of health care and related providers to address the summary findings from the above and prepare report with recommendations.
- ⇒ By 2005, identify agencies responsible for implementation of above recommendations and identify possible sources of funding.
- ⇒ By 2005, convene a multi-agency task force to implement recommendations from the task force.

**Objective 3** - By 2006, develop a plan to address major cultural and language barriers  
(Baseline: No plan exists)

**Action Steps**

- ⇒ By 2002, analyze race and language elements from the 2000 Census.
- ⇒ By 2003, conduct focus groups in areas identified with significant minority or foreign language areas of the county.
- ⇒ By 2003, convene a committee to review results of findings and prepare recommendations.
- ⇒ By 2004, publish report and share findings with other agencies and providers.

**Partial list of Partners**

Baltimore County Dental Association • Baltimore County Health Department • Baltimore County Department of Social Services • Baltimore County Health Council • Baltimore County Medical Association • Baltimore County School System • Greater Baltimore Medical Center • Kaiser Permanente • Maryland Mass Transit Administration • St. Joseph Medical Center

**References**

U.S. Census Bureau, Maryland and Baltimore County Departments of Planning. (1999). *Baltimore County health profile update*. Report.

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|---|----|
| <b>Cross-Reference Table for Baltimore County</b> |    |
| <i>See Also</i>                                   |    |
| Access to Health Care .....                       | 24 |